

# CLAIMS ONLY

Application Number

70/688,669

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		X		51						
2	/		/		X		52						
3	/		/		X		53						
4		/		/		X	54						
5		/		/		X	55						
6		/		/		X	56						
7			/		/		57						
8			/		/		58						
9			/		/		59						
10			/		/		60						
11			/		/		61						
12			/		/		62						
13			/		/		63						
14			/		/		64						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3		8		5		Total Indep						
Total Depend	3		9		6		Total Depend						
Total Claims	6		17		11		Total Claims						